

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001603

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 104

VS 300
Rev. 4/59

1

27005

3

4 0

5 1

6

7 1

8 0

94500

10

11

1277-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

P. Mc Calla

J. Burial

D. W. NEWCOMER'S SONS

1. PLACE OF DEATH JAN 21 1963

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

2 Months

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Jackson County Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Independence

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1947 Maywood

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Arthur

Middle

Henry

Last

Graupner

4. DATE OF DEATH

Month

January

Day

6th

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-12-1903

9. AGE (last birthday)

59 Years

IF UNDER 1 YEAR: IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tile Setter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Chicago, Illinois, USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Paul Graupner

13b. MOTHER'S MAIDEN NAME

Louise Nichol

14. NAME OF HUSBAND OR WIFE

Neva M. Graupner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Indep., Mo. Independence, Mo. Mrs. Neva Graupner, 1947 Maywood

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerosis Generalized

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-31-62

to 1-6-63

and last saw her alive on 1-6-63

Death occurred at 12:35

A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

P. McCalla, M.D.

(Degree or title)

22b. ADDRESS

Jackson Co Hospital Kansas City Mo.

22c. DATE SIGNED

1/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills Cemetery

23d. LOCATION (City, town, or county)

Kansas City Missouri

24. FUNERAL DIRECTOR

D. W. NEWCOMER'S SONS

ADDRESS

1331 Brush Creek Blvd. K.C. Mo.

25. DATE RECD. BY LOCAL REG.

1-8-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

DL 2-0350

If this body is not embalmed, fact should be so stated above.